

Department of the Treasury
BUREAU OF THE PUBLIC DEBT
FEDINVEST LOGON – ID REQUEST
GENERAL INFORMATION

1. **Action Requested:** ☐ Grant ☐ Revoke ☐ Revise ☐ Add Additional Account
☐ Secondary ID

2. **Effective Date:** _____

3. **User Information:**

Agency Name:	
Name: (Last, First, MI)	
Job Title:	
ALC:	
Account Fund Symbol: (AFS)	
Street Address: Line 1	
Street Address: Line 2	
City, State, Zip:	
Telephone Number:	
Fax Number:	
E-mail Address:	

4. **Help desk password:** _____ i.e. Mother's maiden name
This will be used to identify you over the telephone for support calls.

5. **Access level:** ☐ Full access (add, change and delete)
☐ Inquiry only (check one of the following)
☐ Auditors ☐ FMS224 ☐ IFCS ☐ Other _____

6. **Contact level:** ☐ Primary contact ☐ Secondary contact

7. **Authorization:**

Supervisor Information	
Name :	
Telephone number:	
Email Address:	
Signature:	Date:

SIGNOFF Section (Public Debt use only)

T8 ID:			
ISSR: PDF5361 sent to ACF2 Admins.			Date:
Added to CUI and Maintenance			Date:
Signature			Date:
Called User		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
FIB: If Auditor: Agency Approval Agency Contact		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date:
Signature			Date:
Supervisor Verified			Date:
WBAA	Date:	Contingency File	Date:
Maintenance Facility	Date:	Microsoft Access Database	Date:
Training Memo	Date:	Trained: Yes <input type="checkbox"/> No (Per User) <input type="checkbox"/>	Date: